

VZCZCXRO0091  
RR RUEHAST RUEHDH RUEHHM RUEHLN RUEHMA RUEHPB RUEHPOD RUEHSL RUEHTM  
RUEHTRO  
DE RUEHBU #1189 3071030  
ZNR UUUUU ZZH  
R 031030Z NOV 09  
FM AMEMBASSY BUENOS AIRES  
TO RUEHC/SECSTATE WASHDC 4562  
INFO RUCNMER/MERCOSUR COLLECTIVE  
RUEAUSA/DEPT OF HHS WASHINGTON DC  
RHMFIUU/HQ USSOUTHCOM MIAMI FL  
RUEHZN/ENVIRONMENT SCIENCE AND TECHNOLOGY COLLECTIVE  
RUEHPH/CDC ATLANTA GEORGIA

UNCLAS BUENOS AIRES 001189

C O R R E C T E D C O P Y (ADDED ADDRESSEE/DELETED PASS LINE)

SENSITIVE  
SIPDIS

DEPT FOR OES/IHB - B. SORENSON AND D. WILUSZ  
HHS FOR OFFICE OF GLOBAL HEALTH AFFAIRS

E.O. 12958: N/A  
TAGS: [KFLU](#) [KSTH](#) [TBIO](#) [SOCI](#) [PREL](#) [AR](#)  
SUBJECT: CDC EXPERT CONDUCTS PROGRAM IN ARGENTINA ON H1N1  
COMMUNICATION STRATEGIES

REF: Buenos Aires 952 and previous

¶1. (U) Summary: Dan Rutz, Global Health Communication Team Lead at the Centers for Disease Control (CDC), visited Buenos Aires and Mendoza from October 2-5 to consult with and brief public health and media counterparts on communication strategies related to the H1N1 outbreak. Rutz held meetings with public health officials, journalists, and medical professionals, and conducted media outreach in the two cities. Rutz's program was of great interest here, as mishaps in the early days of the H1N1 outbreak and subsequent corrections confirmed the effectiveness of the type of communication strategy he advocates. End Summary.

¶2. (U) The program of CDC speaker Dan Rutz focused on media and government responses to epidemics, risk communication strategies, and how to work with multiple stakeholders during epidemics. Rutz also gathered lessons learned from the Southern Hemisphere's H1N1 season and emphasized to Argentina public health officials the benefits of working closely and openly with the media. He noted that the media will report on epidemics regardless of health ministry cooperation, and that proactive engagement can help ensure accurate reporting and calm a wary public.

¶3. (U) Rutz also held training sessions for health journalists, speaking to over 100 media representatives. His media outreach focused on the ethics of public health coverage and gave a technical overview of influenza pandemic. He emphasized the need to have a solid technical understanding of epidemiology and to push public health officials for accurate information, being cautious of reports that could inflame unfounded public fears.

¶4. (SBU) Accompanied by ESTHCouns, Rutz visited the western city of Mendoza to meet with health ministry representatives from three provinces. As a result of his meeting with the Mendoza Health Minister, the Minister decided to alter his ministry's epidemic communications strategy to put more emphasis on availability and openness to the media. Rutz convinced the Minister that if officials were not made available to the press, the press would be forced to rely on other (usually wrong) sources, leading to public confusion and misinformation.

¶5. (SBU) As a corollary benefit, Rutz's visit to Mendoza helped strengthen regional public health cooperation by bringing together officials from several provinces. Communications representatives from the health ministries of Mendoza, San Luis, and San Juan provinces all attended the presentation in Mendoza, which turned out to be the first time they had ever met. The encounter led them to decide to institute closer regional cooperation in the future on health issues. Their lack of previous contact was indicative of the significant deficit in coordination between different government bodies during the Argentine H1N1 outbreak.

¶6. (SBU) Rutz concluded his visit with a substantive meeting at the Ministry of Health (MoH) with Deputy Minister Fernando Avellaneda.

The Argentine MoH is particularly aware of the political dangers of epidemics, as the Health Minister resigned in early July 2009 at the height of the Argentine H1N1 outbreak, due to disagreement about her ministry's response to the outbreak. The Argentine media covered H1N1 very heavily in June and July, with considerable criticism of the nearly-overwhelmed public hospitals and the perceived lack of government response and communication. The new Health Minister, Dr. Juan Manzur, took drastic measures, including closing all schools and universities for three weeks and making Tamiflu free and available to all patients (reftels) , to try to stem the spread of the flu. The measures were quite effective in controlling the outbreak.

¶7. (SBU) Avellaneda, who took office in July with Manzur, noted that the central government was initially too slow in acknowledging the H1N1 outbreak and that communication between local, provincial, and national governments was poorly coordinated. The MoH also had to combat rumors that the epidemic was a fiction meant to boost pharmaceutical industry profits. Avellaneda credited his communication staff with quickly moving towards greater transparency in their first days in office. Among other actions, his team immediately released new estimates showing a tenfold increase of H1N1 over the previously publicized numbers.

¶8. (SBU) Comment: The program of this CDC speaker was timely and of great interest here, as mishaps in the early days of the H1N1 outbreak and subsequent corrections confirmed the effectiveness of the type of communication strategy which CDC advocates. Media coverage was scathing in early July, as public fears mounted, and the new MoH team's strategy did seem to calm the media and public outcry. While this may have been in part due to the natural downturn of the epidemic, the enhanced transparency of Avellaneda's communication team did lend credibility to the MoH, causing the media to focus its attention more on the facts and less on public fear. End comment.

MARTINEZ